

ETHICS AND ISSUES OF SECONDARY PREVENTION EFFORTS IN CHILD SEXUAL ABUSE

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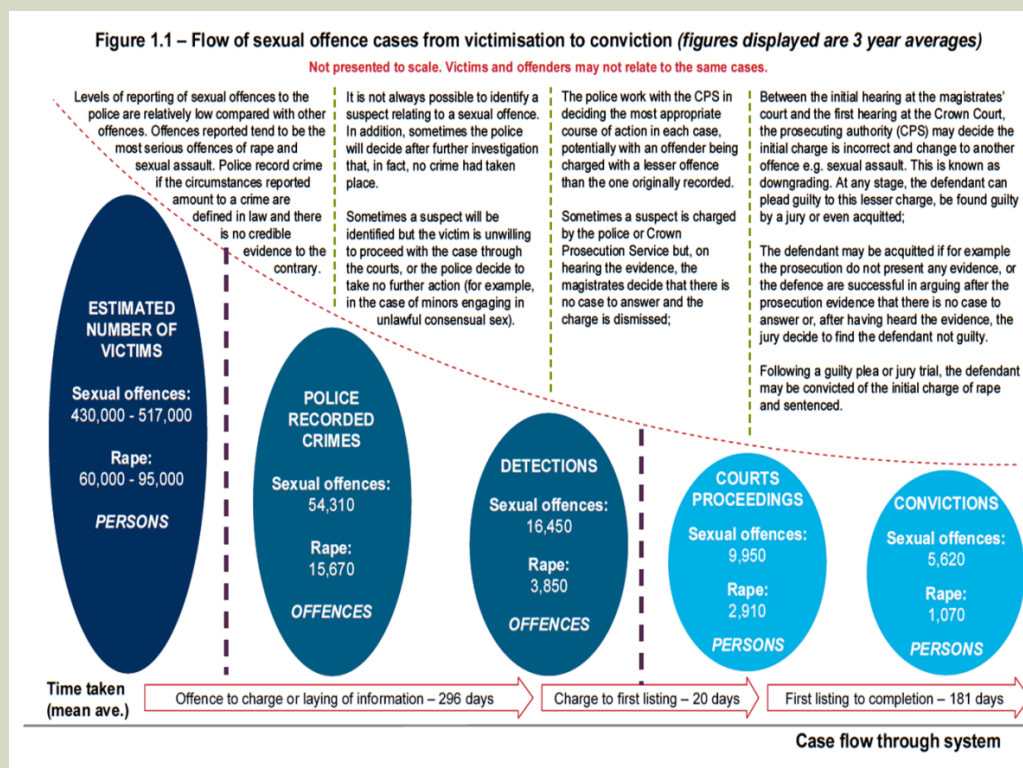
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- In the last few decades, there has been a growing recognition of the depth and extent of sexual violence globally (UNICEF, 2014).
- Sexual violence reporting and conviction rates vary widely between and within countries, especially dependence on the size, culture and economic status of the country (Jewkes, 2012; UNICEF, 2014).
- The increased global socio-political recognition of sexual abuse relates to a number of related factors (Tabachnick, McCartan, & Panero, 2016).
- Internationally, studies of sexual violence found that lifetime prevalence of sexual violence ranged
 - from 6-59% if perpetrated by an intimate partner
 - from 1-12% (above 15 years)
 - 1-21% (below 15 years) if perpetrated by a non-partner (World Health Organization, 2014).

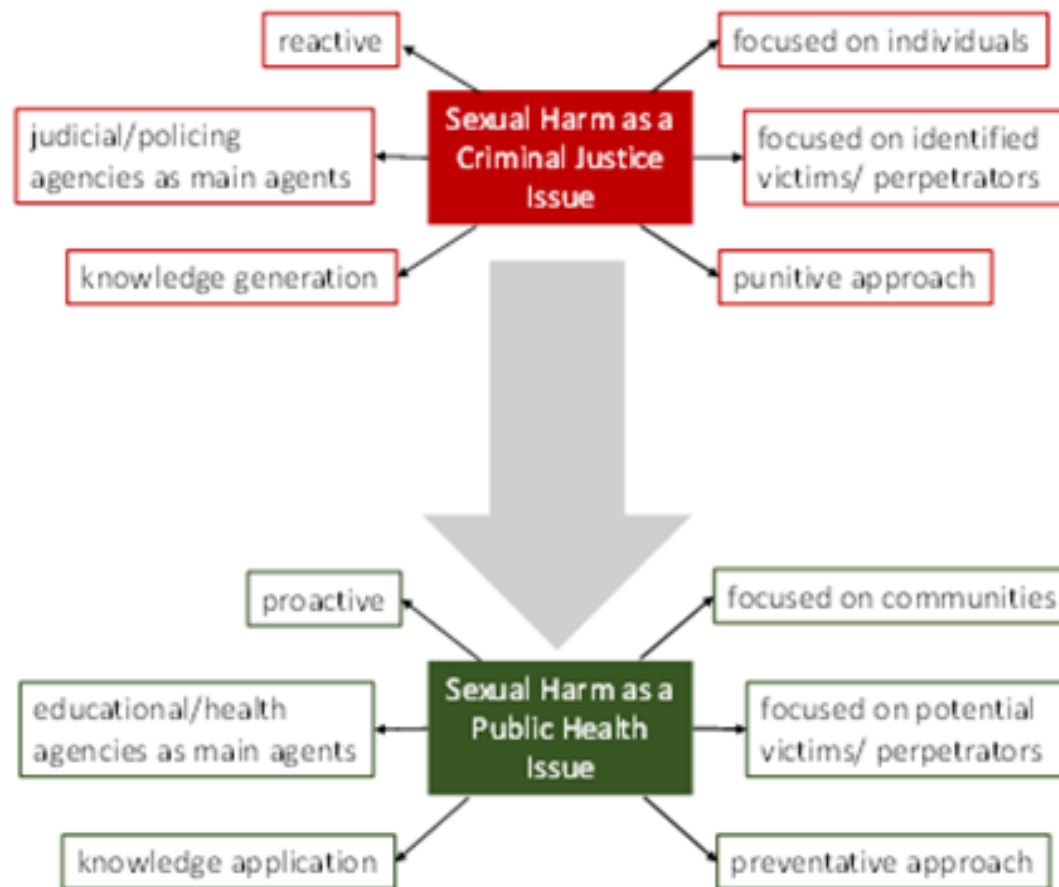
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UK CONTEXT OF SEXUAL OFFENDING

- Cost of sexual abuse and imprisonment/responses to sexual abuse
- Numbers of registered sex offenders
 - 49,322 registered sex offenders in England and Wales (College of Policing, 2016),
 - 1,465 registered sex offenders in Northern Ireland (PPANI, 2016),
 - 4,787 registered sex offenders in Scotland (Scottish Government, 2016).



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PUBLIC HEALTH APPROACH

- A public health approach
 - focuses on prevention expands that response to address the health of an entire population and
 - offers a unique insight into ending sexual violence by focusing on the safety and benefits for the largest possible group of people.
- A public health approach allows drawing on multi-disciplinary knowledge and perspectives.

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A PUBLIC HEALTH APPROACH TO SEXUAL HARM

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- Public health offers a unique insight into ending sexual violence by focusing on the safety and benefits for the largest group of people possible.



Primary Prevention

- General deterrence.
- bystander intervention; public education campaigns.



Secondary Prevention

- Working with “at risk populations”
- Stop it Now helpline; troubled families working; therapy for self-identified paedophiles.



Tertiary Prevention

- Preventing relapse
- Sex Offender Treatment Programmes, MAPPA, CoSA

- Most of our resources are focused on tertiary prevention, we could invest more at the primary and secondary stages as it would have the potential to prevent the sexual abuse from occurring; therefore reducing victimization as well as the related emotional, psychological and social costs.

SOCIAL ECOLOGICAL MODEL OF SEXUAL HARM PREVENTION (SMALLBONE & RAYMENT-MCHUGH, 2013)

Targets	Primary prevention	Secondary prevention	Tertiary prevention
Offenders	<ul style="list-style-type: none"> General deterrence Developmental prevention 	<ul style="list-style-type: none"> Interventions with at-risk children and adolescents 	<ul style="list-style-type: none"> Early detection Sex offender treatment groups
Victims	<ul style="list-style-type: none"> Personal safety training Resilience building 	<ul style="list-style-type: none"> Resilience building with at-risk children and youth 	<ul style="list-style-type: none"> Ameliorating harm Preventing re-victimisation
Situations	<ul style="list-style-type: none"> Opportunity reduction Extended guardianship 	<ul style="list-style-type: none"> Situational interventions in at-risk places 	<ul style="list-style-type: none"> Safety plans Organizational interventions
Communities	<ul style="list-style-type: none"> Community education Community capacity building 	<ul style="list-style-type: none"> Responsible bystander training Enabling guardianship 	<ul style="list-style-type: none"> Interventions with “problem” families, peers, organizations, and communities

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WHY SHIFT THE PARADIGM: CHANGING PERCEPTIONS, CHANGING POLICY

- To erode the traditional and misinformed stereotypes of child sexual abuse so that we can improve child protection, prevent sexual harm and manage perpetrators in the community more effectively.
- Politicians and policy makers might have a more realistic view which can better inform sex offender treatment, as well as community reintegration.
- Prevent sexual harm – reducing the impact and consequences of it.
- Effectively use limited funding in a proactive manner.
- Link together various organizations and existing programmes and policies together more efficiently
- How, therefore, can professionals begin to educate and reformulate societal understandings of child sexual abuse across a range of publics?

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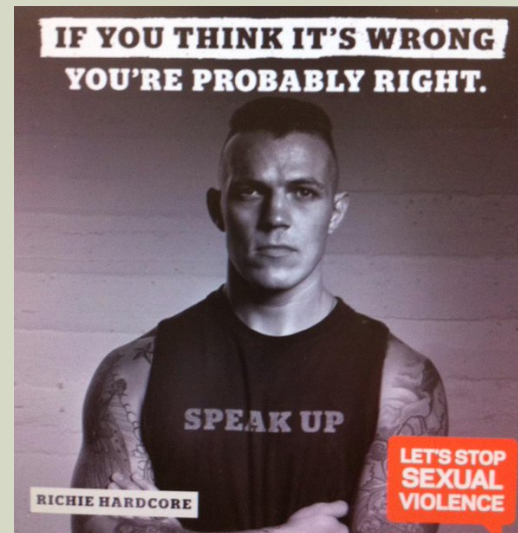
**Please introduce yourself to your neighbour
and discuss what your role in the
prevention of sexual abuse is.**

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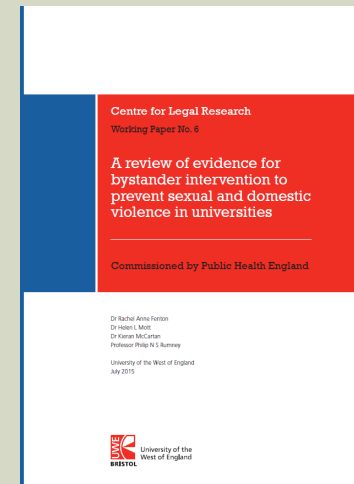
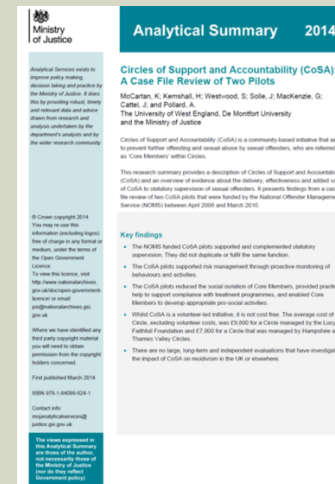
EXAMPLES OF PUBLIC HEALTH APPROACHES - INTERNATIONALLY

- CoSA (International)
- Dunkelfeld (GER)
- Bringing in the Bystander (USA)
- Green Dot (USA)
- Safe Dates (USA)
- Help wanted! (USA)
- GYFS Neighbourhoods Project (AUS)
- Bodysafe (New Zealand)



EXAMPLES OF PUBLIC HEALTH APPROACHES - NATIONALLY

- Base 2
- Upstream
- Circles of Support & Accountability
- Engage/Engage+ (LFF)
- Stop it now! Scotland
- The Intervention Initiative
- Secondary prevention projects (Safer Living Foundations; Circles SW)
- Public engagement activities (NOTA; Clear Lines)
- Zero Tolerance
- AVA project



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**With the person beside you consider
what you think are some of the
issues, challenges and problems
that taking a secondary prevention
approach to sexual abuse could present?**

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Abstract

This article discusses the ethical, practical, and moral issues surrounding secondary prevention efforts of child sexual abuse from a professional and practice-based perspective. Transcripts of a semistructured consultation event with $n = 15$ international experts on the secondary prevention of child sexual abuse were analysed using thematic qualitative analysis. The research identified four main critical areas linked to secondary prevention efforts, including, the psychology of self-reporting and disclosure; the interaction with and within existing legal, social, and professional frameworks; the scale and type of an appropriate response; and potential hurdles (i.e., within media, public, politics). The article outlines these areas, highlighting participant perspectives on risk-enhancing and mitigating factors for each domain.

Keywords

child sexual abuse, prevention, public health approach, treatment, ethics

METHOD

- **DESIGN:** Snowball sampling, exploratory, deductive, pragmatic & qualitative.
- **SAMPLING:** Purposive. N = 15 discussants from four countries (Germany, Ireland, UK, USA)
- **PROCEDURE:** A single roundtable table discussion (n = 15), followed by three smaller discussion groups (n = 5 each).
- **MATERIALS:** Statements from the four speakers talking on
 - working with populations at risk of perpetration;
 - current understandings of sex, sexuality and sexual abuse;
 - current national and international practices, & new developments, in preventing child sexual abuse;
 - practical considerations for professionals in the field of child sexual abuse prevention.

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ANALYSIS

Phase	Description of process (Braun & Clarke, 2006)	Description of process (current research)
Familiarising yourself with the data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.	Notes were revised by the research team within 48 hours of the research taking place. The note takers at each table reviewed their notes, critiqued them and verified them with the small group participants where necessary; these notes were then shared, discussed, and agreed by the wider research team. This meant that we had a well-developed, coherent and fit for purpose data set. Additionally, we had also re-read and reviewed the notes starting to develop initial ideas.
Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each other.	As outlined.
Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.	As outlined.
Reviewing themes	Checking in the themes work in relation to the coded extracts (level 1) and the entire set (Level 2), generating a thematic “map” of the analysis.	This happened the same way, but on a smaller scale. We initially identified a larger number of themes that we had to edit, coalesce and collapse down. This was made more challenging by the fact that we had top notes and shorthand, not detailed quotes.
Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.	We agreed on four coherent themes; the themes made sense individually and in relation to each other. As we had no quotes to draw on we had to use discussion points as a steering to developing the richness of the data.
Producing the report	The final opportunity for analysis. Selection of vivid compelling extract examples, final analysis to the research questions and literature, producing a scholarly report of the analysis.	No adjustment made.

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RESULTS

Psychology of Self-reporting and Disclosure .	Working within the existing Legal, Social, and Professional Framework .	Scale and Type of Response .	Media, Public, and Political Hurdles
The management of help-seeking behaviours.	A change of direction and approach in the UK towards earlier prevention	The availability of online and offline services	A major challenge, was dealing with the public relations element of it
The tension between the offenders' need for support and managing the presented risk to themselves and others.	Issues of mandatory reporting	Ethics, safeguarding and the reality of online support.	Potentially easier with youth than adults?
Potential or current offenders had felt personally alienated.	The rights of (identified/ unknown) victims	Ethics, safeguarding and the reality of offline support.	"getting the right message across"
Effective secondary harm prevention efforts need to have a clear outreach plan	The issue of identifying suitable avenues for prevention	Who is the service provider?	The role of the professional in shaping the media, public and policy message.

What do you think of these outcomes?

What would you add, remove or alter?

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WHERE NEXT?

- A standardised approach to secondary prevention across the UK:
- Standardised guidelines based on existing protocols with the public health sphere relating to working with at-risk populations.
- A clear disclosure protocol for individually disclosed information based on risk, level and type of disclosure, and accountability
- A complementary approach of online and offline services to increase the likelihood of engagement, with system-appropriate variations on safeguarding, confidentiality, anonymity, and data sharing agreements.
- A guidance document for 3rd party organisations, the media, public, and policy makers, to communicate the narrative underlying this approach.

WHERE NEXT? ETHICAL FRAMEWORKS

- Can we develop clear ethical guidelines for working with, safeguarding around, treating and researching in respect to secondary prevention of Child Sexual Abuse?
- Existing guidelines?
 - NHS guidelines
 - NICE
 - HCPC
 - BPS guidelines
 - ATSA,
 - NOTA
 - IASTO clinical guidelines

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**How well equipped do you think you are,
personally or organisationally,
to deal with these ethical issues?**

Please share good practice and/or concerns.

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CONCLUSIONS

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- Focusing on individual safeguarding, protection, anonymity, and confidentiality;
- Maintaining and updating professional ethical guidelines, standards, and protections;
- Focusing on public protection and community risk management;
- Engaging in public, media, and policy discourses as well as how best to discuss secondary prevention in the public domain;
- Consideration of different at-risk groups in the implementation process;
- Considering the types of secondary prevention offered, their location, accessibility, availability, and utility;
- Integrating these efforts into the current legal frameworks, policy, practice, and professional standards, and considering whether they lend themselves to a public health, preventive approach.
- Considering the interaction of all these aspects.

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NOTA PREVENTION COMMITTEE

- NOTA prevention committee -
<http://www.nota.co.uk/resource/nota-prevention-committee/>
- Special Edition of “Journal of Sexual Aggression” on prevention -
<http://explore.tandfonline.com/cfp/beh/journal-call-for-papers-prevention-of-sexual-abuse-and-violence>
- NOTA prevention blog -
<http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwjA4MLj0IjVAhULB8AKHSRWBBkQFggrMAE&url=http%3A%2F%2Fwww.notaprevention.co.uk%2F&usg=AFQjCNFALz-uNqgS0ZC07DFqSVmeAbYB9Q>
- Public engagement events
- Think pieces on sexual abuse prevention
<http://www.nota.co.uk/media/1304/think-piece-preventing-adolescent-harmful-sexual-behaviour-24317.pdf>
- PowerPoints for use with professionals and the public on prevention

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